



Electronic Elementary Report Card Pilot Form

School Name: _____

School Code: _____ Phone Number: _____

I, _____, principal of the above named school, do hereby choose to participate in the **SY2008/09 DC STARS Electronic Elementary Report Card Pilot**. I understand and agree to abide by the guidelines set forth in the *DC STARS Electronic Elementary Report Card Process* document. Below, I have named our school Point-of-Contact(s) for this process.

Check ONE: Opt into Pilot for: ____ 3rd Term ____ 4th Term

Please PRINT:

1st School Point-Of-Contact: _____

DC STARS Username: _____

2nd School Point-Of-Contact: _____

DC STARS Username: _____

Principal Signature: _____

Date: _____

*** Fax completed form to the DC STARS Team at 442-5728 by COB March 4, 2009. ***